

WEEKLY MEDICAID LONG-TERM CARE PROVIDERS CALL MINUTES

Date: May 8, 2019

Time: 11:30 a.m.-12 p.m.

Facilitator: Rebecca Harris – Louisiana Medicaid

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| <p>Announcements</p> <p>Recap of Medicaid's 5/1/2019 Presentation to LNHA</p> | <p>Eligibility for long-term care is based on both medical and financial need. Because of this both Form 142 and Form 148 are needed to assess eligibility. Medicaid has 90 days to complete the application process.</p> |
| | <p>Trusted users can submit applications for residents as they come into the facility. Trusted users can immediately see which information Medicaid needs regarding the resident, such as a Request for Information (RFI), and also see the status of the eligibility decision.</p> |
| | <p>Medicaid staff continue to do site visits to determine common billing issues and have found the following to be the most common:</p> <ul style="list-style-type: none"> • Bedholds/hospital leave days • Billing beyond the date of death • Expired 142 forms. If a Form 142 expires, payment will not be made. Staff are still receiving information from as far back as 2017. • Attempts to bill with the Case Identification Number instead of the Person Identification Number. The Person Identification Number can be found in eMeVS, or in the provider portal once the member is certified. |
| | <p>Providers are encouraged to use the website http://ldh.la.gov/contactltc to make requests for assistance because it allows Medicaid staff to triage the requests and determine if the request needs to go an analyst, an intake staff person, or someone else.</p> |
| Questions and Answers | <p>Q: Can we still use Form 2-L?</p> |

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| | <p>A: No, this form was made obsolete several years ago. Medicaid is encouraging the use of the online renewal service. Providers should send questions of this nature to the following email address: LNHATrustedusers@la.gov .</p> |
| | <p>Q: What is the status of forming an advisory Panel?</p> <p>A: Medicaid believes the weekly provider calls and the future one-on-one meetings should be enough to resolve all issues. However, if these approaches do not result in the expected success, Medicaid will revisit this idea.</p> |
| | <p>Q: We have not received some of the decision letters we were expecting. What is the status?</p> <p>A: Medicaid has learned there have been cases where decision letters were sent but not received by the intended facilities. If a provider has cases that were prior to April 2019, they are encouraged to log in and check for decisions.</p> |
| | <p>Q: If we have received notice that a case has been approved, can we bill?</p> <p>A: Yes, providers should proceed with billing for cases that have been approved.</p> |
| | <p>Q: How will eligibility determinations be communicated to us?</p> <p>A: Medicaid requests that providers determine which e-mail address their facility wants staff to use to send decision letters. There can only be one e-mail address for a facility.</p> |
| | <p>Q: Can trusted users view applications for multiple sites?</p> <p>A: Trusted users having the Manager role may view any application for any site they are managing. Trusted users who have the Representative role may only view applications they have submitted.</p> |
| | <p>Q: What is the plan for the meetings with each provider?</p> <p>A: There will be over 200 one-on-one partnership meetings per week between Medicaid staff and nursing facilities. LNHA will help by providing information on the contacts for each facility. The current schedule for these meetings will be once each week for six weeks, bi-weekly for six weeks, then monthly after that. If</p> |

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| | <p>a partner needs more than the 6 weeks that has been planned, Medicaid will take that into consideration.</p> |
| | <p>Q: What is the status of submitted applications?</p> <p>A: If a provider has any applications that were submitted prior to April, please check eMEVS for the status. Applications submitted in April are being worked now. If there is an application that is important to your facility, document which one it is and discuss it during the one-on-one meeting.</p> |
| | <p>Q: What is the status of the PLI issues?</p> <p>A: Medicaid is working on a comprehensive plan to address the following:</p> <ol style="list-style-type: none"> 1. Overpayments due to partial PLI 2. PLI adjustment denials due to issues with the number of covered days or recipient ID. 3. PLI adjustment forms backlog. <p>Once the plan is solidified, Medicaid will communicate it to partners.</p> |
| | <p>Q: We are receiving decision letters approving cases followed by denial letters. How do we know which one is correct?</p> <p>A: If a facility has received a closure letter and there is a question is about it, Medicaid asks that the facility hold the question for their one-on-one meeting.</p> |
| | <p>Q: How will hospital leave be handled differently?</p> <p>A: Some providers were billing for an entire month even when the resident was going on a hospital stay. Now, the system takes the forms that show hospital stays and breaks the LTC segment if the hospital stay has exceed the maximum allowable number of days. The segment will start again when the person returns to the nursing home. Medicaid requests providers to re-bill these by breaking up the billing into the days the person is in the nursing home. Providers need to rebill once the member has exhausted their 7 days of home or hospital leave consistent with the provider submitted 148 status change forms.</p> |
| | <p>Q: Will support coordinator conference calls give any insight into trusted users' issues?</p> |

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| | <p>A: Those types of issues will not be discussed on the Support Coordinator calls because only nursing facilities are trusted users. If a provider needs assistance with becoming a satellite, write to LNHATrustedusers@la.gov</p> |
| | <p>Q: Where can the Medicaid Identification Number for a resident be found?</p> <p>A: This is the Person Identification Number and it can be found in eMEVS.</p> |